



SOUTH BRUNSWICK HIGH SCHOOL

CJ Hendricks - Director of Athletics

750 Ridge Road

Monmouth Junction, NJ 08852

732-329-4044 ext. 5233

ATHLETIC TRANSFER FORM

Student Name: _____
Address: _____

Date of Entry SBHS: _____
Date of Birth: _____
Grade: _____

Parent/Guardian Name: _____
Parent/Guardian Address: _____

School student transferred from: _____
School address transferred from: _____

Date of withdrawal: _____
Date student first entered 9th grade: _____

Did you play a sport? YES NO

Did you play on a high school team? YES NO
If YES, what sport(s) did you play? _____

Did you move with a parent? YES NO

Do you live with a guardian? YES NO

Are you here by court order? YES NO

Did you transfer from a parochial school or private school? YES NO
If Yes, circle one: PAROCHIAL PRIVATE

Are you a foreign exchange student? YES NO

Did you change your home address? YES NO

Student Signature _____ Parent/Guardian Signature _____

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